

PONTYPOOL RURAL DISTRICT COUNCIL



ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH FOR THE YEAR ENDING
31st DECEMBER, 1962

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Council Offices,
Old Market Street,
Usk.....Mon.

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PONTYPOOL RURAL DISTRICT COUNCIL

CHAIRMAN
G. EDWARDS ESQ

VICE-CHAIRMAN
MRS. S.E.A. JAMES J.P.

CLERK OF THE COUNCIL P.E. JONES ESQ
D.P.A. (LOND).

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G. BURGE ESQ J.P.	A. SCOTT ESQ
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PUBLIC HEALTH DEPARTMENT STAFF

MEDICAL OFFICER OF HEALTH
S.M.R. JAMES BSc., M.B., BCH., D.P.H.

SURVEYOR AND CHIEF PUBLIC HEALTH INSPECTOR
H. PEARSON, M.A.P.H.I., A.M.I.P.H.E.,
A.R.T.P.H. & H. AFS. (ENG).

ADDITIONAL PUBLIC HEALTH INSPECTOR
W.L. DAVIES M.A.P.H.I., A.R.S.H.

ASSISTANT SURVEYOR (UNTIL 31.1.62)
R. BIGNELL, A.R.S.H.

SURVEYING ASSISTANT
B.C. THOMAS.

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PONTYPOOL RURAL DISTRICT COUNCIL

To the Chairman and Members of the
Pontypool Rural District Council.

A N N U A L R E P O R T

1962

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Mr. Chairman, Ladies and Gentlemen,

The present century has seen an overall decline in the incidence and mortality of the more important infectious diseases, but we are occasionally forcibly reminded of their existence. This happened in 1962.

Early in the year, several outbreaks of Small Pox occurred in England and Wales. We were fortunate in that no case occurred in Monmouthshire, but fear and panic soon possessed a large section of the community. Pontypool Rural District was no exception. In a very short time, reports and pictures appeared in the newspapers and on radio and television of long, trailing queues of people waiting to get themselves or their children vaccinated. It seemed immaterial that most of them were in no danger of contracting the disease. Nothing would allay their fears other than vaccination. Surely these queues were evidence of responsibilities neglected.

For many years now, the immunisation and vaccination of children are routine procedures in our clinics. In the Pontypool Rural District a parent can bring a child to be vaccinated on any clinic day and it is done almost immediately (within minutes) without even an appointment - that is, of course, unless there is some contraindication, e.g. intercurrent illness.

Many of the mass vaccinations of 1962 were primary vaccinations - and, primary vaccination, especially in an adult is not without danger. In most infants, however, the risk of complications is very small. Why not let the Doctor decide? The recent outbreaks showed the need for protection against Small Pox by vaccination and the Standing Medical Advisory Committee is still of the opinion that routine vaccination should continue in early childhood, preferably in the second year of life. Unfortunately, people have exceedingly short memories and some 50% of parents with young unvaccinated children have already reverted to their come-day go day attitude. In this country, the measures undertaken to control any outbreak of Small Pox have, in the main, been very successful, but outbreak control may not be as effective in an unvaccinated population as in one partly vaccinated.

Shortly after the fear of Small Pox had faded into the darker recesses of people's minds, there was an outbreak of Poliomyelitis in the Ebbw Vale and Abertillery districts. Once again emotions rose to fever-pitch. The careless and the negligent were loudest in their demands for immediate vaccination, this time against poliomyelitis.

for several weeks special clinics were opened, in Abergavenny and elsewhere, during the day and well into the evening. At this time the vaccine was given by injection, using dead viruses, but soon afterwards an oral vaccine was made available. Use of the oral vaccine is now almost universal. It was first developed by Dr. Albert Sabin of Cincinnati University using live viruses which had been "tamed" and rendered harmless. A basic four-dose vaccination is offered. If only people would ensure that they and their children are adequately protected by vaccination, then in time this disease would be eliminated altogether.

We have seen the dramatic fall in the incidence and mortality of Diphtheria in this country following the introduction of artificial immunisation on a large scale in the early nineteen forties. Previously early diagnosis and administration of antitoxin, prompt notification and removal to hospital were the measures relied upon in the control of Diphtheria. These measures contributed towards a lowering of case-fatality but the incidence remained relatively high before the days of artificial immunisation. Diphtheria is now a very rare disease, there are some fifteen years since the last case was notified in Pontypool Rural District But, who knows - it may yet strike explosively and unexpectedly, if the level of immunity drops sufficiently.

Deaths from Whooping Cough have also been reduced appreciably in recent years, but two thirds of these occur in the first year of life, one half in the first six months. While the use of Whooping Cough vaccine does not guarantee complete protection, there is good evidence of its value either in preventing an attack or modifying its severity. Whooping Cough vaccine is given in our clinics in combination with those of Diphtheria and Tetanus, so as to reduce the number of inoculations. This combined method of immunisation is offered to infants in their third month and onwards.

There is a growing impression that Tuberculosis is no longer a problem. This is certainly not the case. Undoubtedly there has been a tremendous improvement with a rise in the standard of living, better housing and education and especially since the advent of chemotherapy. But there are still some 300,000 cases of pulmonary tuberculosis in England and Wales, many of whom are infectious. Here again, vaccination has a major part to play if Tuberculosis is to be effectively controlled. Not everyone requires to be vaccinated against Tuberculosis. Whether or not an individual requires such protection is decided by a skin test. Today B.C.G. vaccination is offered to four groups of individuals in this country:-

- (a) infants born to tuberculosis parents;
- (b) Contacts who show by their skin test that they are susceptible to the disease;
- (c) children in their penultimate school year;
- (d) nurses, doctors and medical students who are coming in contact with Tuberculosis patients.

Improvement in environmental hygiene and sanitary arrangements triumphed over the alimentary bone diseases e.g., Typhoid fever. Other factors also played their part. Prompt notification enabled Local Authorities to undertake investigations and institute controlling measures at an early date. Advances in bacteriological science have brought about effective control of milk and water supplies, ice cream and other foods. The Typhoid carrier has been recognised and prohibited from handling food stuffs. It is difficult to estimate the part played by anti-typhoid vaccine as it is not extensively used in this Country. Despite these preventive measures, early in 1962, a Ministry of Health Circular

gave the information that eleven cases of Typhoid fever (10 in England and 1 in Wales - none in Pontypool Rural District) had been reported among persons who had recently returned to this Country after visiting Tenerife in The Canary Islands. The fact that Typhoid fever is liable to occur at any time makes it necessary for all health departments to maintain constant vigilance.

In the main, medicine, both physical and social, has triumphed over the Infectious Diseases, so that they no longer present a major threat to life in this country. On the other hand, degenerative, malignant and mental conditions have assumed more and more importance until they now dominate the practice of preventive and curative medicine.

With an ageing population there must naturally be an increasing number of people suffering from the effects of "wear and tear", and those engaged in Public Health have become more and more involved with the community care of those suffering from chronic illnesses. Degenerative diseases cannot be entirely prevented but their onset can be delayed and their rate of progress slowed down. It has been said that heredity deals the cards and environment plays the hand. Hope for the future lies in the correction of any family environment. Much has already been achieved in the physical sense, but we live in an ever changing social environment and our way of life has a profound effect on health.

The aim of prevention seems to be correction of the faults without losing satisfaction in living.



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VITAL STATISTICS - 1962

Area in acres ... 34,147 acres

Population Estimated ... 15,130

Inhabited houses ... 4,595
(according to Rate Book)

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1962

<u>LIVE BIRTHS</u>	<u>M.</u>	<u>F.</u>	<u>TOTAL</u>
Legitimate	186	140	326
Illegitimate	4	5	9
TOTAL	190	145	335

<u>LIVE BIRTH RATE</u>	<u>Rural District</u>	<u>County</u>	<u>England & Wales</u>
per 1000 population	22.14	18.17	18.0
Comparability Factor = 0.75			
Adjusted live birth rate =	22.14 x 0.75 =	16.61	
Adjusted live birth rate County		= 17.99	

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<u>STILL BIRTHS</u>	<u>M.</u>	<u>F.</u>	<u>TOTAL</u>
Legitimate	2	2	4
Illegitimate	-	-	-
TOTAL	2	2	4

<u>STILL BIRTH RATE</u>	<u>Rural District</u>	<u>County</u>	<u>England & Wales</u>
per 1000 live & still births	11.79	25.64	18.1

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<u>DEATHS</u>	<u>M.</u>	<u>F.</u>	<u>TOTAL</u>
All causes	55	52	107

<u>DEATH RATE</u>	<u>Rural District</u>	<u>County</u>	<u>England & Wales</u>
per 1,000 population	7.07	11.89	11.9
Comparability factor =	1.48		
Adjusted Death Rate =	7.07 x 1.48		
	= 10.46		
Adjusted Death Rate			
County	= 13.67		

<u>Deaths from Cancer</u>	<u>M.</u>	<u>F.</u>	<u>TOTAL</u>
	10	8	18
<u>Deaths from Lung Cancer</u>	2	3	5

Deaths due to Pregnancy, child-birth, Abortion = 0

<u>Maternal Mortality Rate</u>	<u>Rural District</u>	<u>County</u>
(Rate per 1000 live & still-births)	Nil	0.47

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INFANT MORTALITY

CAUSE OF DEATH	SEX		AGE AT DEATH
	MALE	FEMALE	
Prematurity	-	1	1 day
Respiratory Insufficiency	-	1	1 day
TOTAL	-	2	

Infant Mortality Rate

(Rate per 1000 total live births)

Rural District

5.97

County

25.02

England & Wales

21.4

Neo-natal Mortality Rate = first
4 weeks

(Rate per 1000 live births)

5.97

15.82

Early Neo-natal Mortality Rate

(under 1 week)

5.97

13.56

Perinatal Mortality

(still-births and infant deaths
under 1 week)

-

-

Per 1000 total live and still births.

17.7

38.85

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CAUSES OF DEATH - 1962

CAUSE	MALE	FEMALE
Respiratory Tuberculosis	-	-
Tuberculosis, other	-	-
Syphilitic Disease	1	-
Diphtheria	-	-
Whooping Cough	-	-
Menigococcal Infections	-	-
Acute Poliomyelitis	-	-
Measles	-	-
Other infectious & parasitic deseases	-	-
Malignant neoplasm stomach	3	-
Malignant neoplasm, lung bronchus	2	3
Malignant neoplasm breast		2
Malignant neoplasm, uterus		-
Other malignant & lymphatic neoplasms	5	2
Leukaemia	-	1
Diabetes	-	-
Vascular Lesions of nervous system	6	14
Coronary Disease, Angina	9	9
Hypertension with heart disease	2	1
Other heart disease	7	6
Other circulatory disease	2	2
Influenza	-	1
Pneumonia	4	1
Bronchitis	1	-
Other diseases respiratory system	3	-
Ulcer of stomach and duodenum	-	1
Gastritis, Enteritis and Diarrhoea	1	1
Nephritis and Nephrosis	2	1
Hyperplasia of prostate	1	-
Pregnancy, childbirth, abortion		-
Congenital malformations	1	-
Other defined and ill-defined diseases	1	5
Motor vehicle Accidents	3	1
All other accidents	-	3
Suicide	1	-
TOTAL	55	52

Tuberculosis

Notifications Pulmonary M - F - Non-Pulmonary M - F -
Deaths " M - F - " M - F -

Notifiable Infectious Diseases (other than
Tuberculosis) Classified according
to sex and age groups.

DISEASE	SEX	AGE					TOTAL
		0 -4	5 - 9	10-14	15-24	25+	
Diphtheria	M	-	-	-	-	-	-
	F	-	-	-	-	-	-
Scarlet Fever	M	1	-	-	-	-	1
	F	-	-	1	-	-	1
Menigococcal Infection	M	-	-	-	-	-	-
	F	-	-	-	-	-	-
Measles	M	3	5	1	-	-	9
	F	2	6	4	-	-	12
Whooping Cough	M	-	-	-	-	-	-
	F	1	-	-	-	-	1
Poliomyelitis	M	-	-	-	-	-	-
	F	-	-	-	-	-	-
Dysentery	M	-	-	1	1	2	4
	F	-	-	-	-	-	-
Food Poisoning	M	-	-	-	-	-	-
	F	-	-	-	-	-	-
Acute Pheumonia	M	-	-	-	-	1	1
	F	-	-	-	-	-	-

Vaccination against Small Pox

AGE GROUP	NUMBERS VACCINATED									
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Under 1 year	17	27	23	83	115	142	213	199	165	146
1 - 4 years	2	3	20	43	11	25	36	45	100	524
5 - 14 years	1	-	6	8	7	11	13	14	11	1478
15+ years	18	6	-	21	17	27	26	7	9	3707
TOTAL	38	36	49	155	150	205	288	265	285	5855

IMMUNISATION AGAINST DIPHTHERIA & WHOOPING COUGH

AGE GROUP	1953	1954	NUMBERS IMMUNISED				1959	1960	1961	1962	
			1955	1956	1957	1958					
0 - 4 years	40	54	19	145	147	218 227	102 189	261 210	415 341	327 306	Diptheria Wh. Cough
5 - 14 "	14	49	273	144	10	73 8	11 4	21 5	40 12	366 8 9 11	Tetanus Diptheria Wh. Cough Tetanus
TOTAL	54	103	292	289	157	291 235	113 193	282 215	455 353	335 315 377	Diptheria Wh. Cough

In addition 232 "booster" infections of Diptheria prophylactic were given,
and 150 "booster" Tetanus.

Yours faithfully,

S.M. JAMES BSc M.B. BCL. DPH.

Medical Officer of Health.

PONTYPOOL RURAL DISTRICT COUNCIL

REPORT OF THE SURVEYOR AND CHIEF PUBLIC
HEALTH INSPECTOR

To the Chairman & Members of the
Pontypool Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I would like to submit my Annual Report on the work carried out by the joint department during the year ended 31st December, 1962.

Good progress has been made during the year in all the various duties of the department, as will be seen from the summary of visits and detailed reports under the various headings including the following pages of the report.

In conclusion I would like to thank the Chairman and members of the Council for their confidence and support, and also my colleagues for their willing assistance.

I am,
Yours respectfully,

H. PEARSON,

Surveyor & Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

Infectious Diseases	17
Camping	45
Houses	167
Re-Inspections	79
Schools	4
Public Conveniences	13
Water Supplies	319
Premises where food is prepared and sold ..	80
Rodent Control Inspection... ..	41
Factories and Workshops	11
Miscellaneous Visits ..	169
Refuse Collection and Disposal (including street cleansing) ...	123
Sewerage Works	102
Council Houses	82
Bus Shelters	25
Improvement Grants	74
Playing Fields	86
Bye-laws and Town Planning..	442
Sewerage and drainage..	259
Petroleum Licensing	22
Atmospheric Pollution..	18
Public Health Act Nuisances	65

HOUSING

1. Inspection of dwelling houses during the year:-

(i) (a) Total number of dwelling houses inspected for house defects under the Public Health and Housing Acts	167
(b) Number of inspections made for the purpose	246
(ii) Number of dwellings found not to be in all respects reasonably fit for habitation.	30

2. Remedy of defects found during the year without service of formal Notice:-

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1
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3. Proceedings under Section 11 and 13 of the Housing Act, 1957

Number of dwelling houses demolished in pursuance of Demolition Orders	Nil
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HOUSING

3. Action Under Statutory Powers during the Year:

- (1) Proceedings under the Housing Act, 1957.
 - (a) Number of dwelling houses in respect of which Notices were served requiring repairs Nil
 - (b) Number of dwelling houses in respect of which Demolition Orders were made -
 - (c) Number of dwelling houses in respect of which Closing Orders were made 9
 - (d) Number of dwelling houses which were rendered fit after service of formal notice -
- (ii) Proceedings under the Public Health Act
 - (a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 4
 - (b) Number of dwelling houses in which defects were remedied after service of formal notice 4
 - (i) By owners 4
 - (ii) By Local Authority in default of owners -

IMPROVEMENT GRANTS

During the year 74 visits were made in connection with improvement grants. It is often necessary to meet owners, Architects and Builders even prior to any formal application being submitted for consideration by the Council. Subsequent inspections are made to check the plans and specifications and to see if the property is suitable for improvement.

A new type of grant called the "Standard Grant" was introduced in June 1959, which is intended to assist property owners with the cost of providing five standard amenities, namely, bath, lavatory basin, w.c. hot water system and larder.

I believe that if owners would take advantage of this assistance there would be a welcome raising of the general level of the older housing accommodation.

The Council approved during the year 4 discretionary grants amounting to £1254 and 3 standard grants amounting to £250.

Number of Improvement Grants 1949 - 1961 is 130.

The amount £30,083.

WATER SUPPLIES

The liason between the department and the two water supplying authorities is very good, and I would like to express my appreciation to the Officers concerned.

(a) Water supply is satisfactory in quality. Generally satisfactory in quantity though at peak periods at weekends there is a certain lack of water in the higher areas, about five houses, in the New Town area. The trouble should be overcome when the Llandegfedd Reservoir supply is available. Trouble is experienced with the Gwehelog supply pumps and I feel that the delivery is not sufficient to adequately meet the demand. Investigations are proceeding in connection with replacement pumps of a larger capacity.

(b) During the year 36 samples of treated water were taken. 33 sample results were satisfactory and 3 constitusfactory. These latter results were from mains extensions and no water was used until subsequent samples were satisfactory. 315 waste water notices were served

(c) N/A. No reports of Plumbo-solvent action.

(d) Flushing and rechlorination of mains extensions (see (b) over).

REFUSE COLLECTION AND DISPOSAL

A weekly collection takes place in the urbanised parts of the district, whilst in the more rural areas a fortnightly service is in operation.

During the year the Council decided to close the Ponthir Tip which was unsatisfactory from many points of view and the refuse from the Llanfrechfa Parish is disposed of at the tip of an adjoining authority. The system is working very well.

This year the second vehicle was replaced with a new Fore and Aft Tipper, so that the Council now possess two modern type vehicles.

Difficulty is being experienced in getting suitable loaders. Not many men like this type of work, particularly in view of the higher pay available elsewhere.

FACTORIES ACTS 1937 & 1949

1. Inspections for purpose of provisions as to health (including inspections made by the Sanitary Inspector.)

Premises	No. On Register	No. Of Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1,2,3,4,6 are to be enforced by the Local Authority	3	2	nil	nil
2. Factories not included in above in which Section 7 is enforced by L.A.	12	7	nil	nil
3. Other premises in which Section 7 is enforced by L.A.	6	2	nil	nil
TOTAL	21	11	nil	nil

FACTORIES ACTS 1937 & 1949

2. Cases in which defects were found.

PARTICULARS	N U M B E R O F D E F E C T S				PROSECUTIONS
	FOUND	REMEDIED	REFERRED TO H.M.I.	REFERRED BY H.M.I.	
Want of Cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate Ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	3	3	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (Not including offences relating to outwork)	-	-	-	-	-
TOTAL	3	3	-	-	-

OUTWORKS (Sections 110 & 111)..... 3.

PETROLEUM LICENCING

There are 19 premises in your district where petroleum spirit is stored. All the electric pumps at premises where petrol is sold have been certified as complying with the Code of Practice Requirements.

BUILDING BYE LAWS

There is considerable building of private houses within the district and during the year 179 plans were submitted for consideration. This number compares favourably with that of 1960 when there were 160 plans submitted. 442 visits were made in connection with the enforcement of the bye laws.

ATMOSPHERIC POLLUTION

A small station has been erected at the Croesyceiliog Secondary Modern School for recording Sulphur Dioxide pollution. The Station came into operation at the beginning of last year. The results are as follows:-

January	0.69	April	0.46	July	0.28	October	0.39
February	0.35	May	0.38	August	0.24	November	0.49
March	0.48	June	0.38	September	0.31	December	0.70

Expressed as m.g. of SO₂/ day collected by 1000 sq. cm. of Batch A P602 (Louvered cover). The figures compare very favourably with those for the rest of the County.

WATER SUPPLIES CONT...

<u>Parishes</u>	<u>Houses</u>	With Mains into <u>House</u>	<u>Stand Pipes</u>	<u>Remainder</u>
1. Gwehelog	153	70	-	83
2. Llantrisant	131	None	-	131
3. Llanbadoc	262	47 + 120*	-	95
4. Llangibby	177	86	-	91
5. Llanhennock	142	None	-	142
6. Goetre	528	309	-	219
7. Llanfrechfa	3225	3198	-	27
	<u>4618</u>	<u>3830</u>		<u>788</u>

* 120 supplied by Pontypool and District Water Company.

TABLE

Year	1850	1860	1870	1880
Population	1,000,000	1,500,000	2,000,000	2,500,000
Area	100,000	100,000	100,000	100,000
Population per square mile	10	15	20	25
Area per square mile	100,000	100,000	100,000	100,000
Population per square mile	10	15	20	25
Area per square mile	100,000	100,000	100,000	100,000
Population per square mile	10	15	20	25
Area per square mile	100,000	100,000	100,000	100,000
Population per square mile	10	15	20	25
Area per square mile	100,000	100,000	100,000	100,000

1

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4)
5)